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**CONFIRMATION NO. 4376**

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|---|---|---|---|---|

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** CONTINUING DATA ***************************
This appln claims benefit of 60/215,001 06/29/2000

** FOREIGN APPLICATIONS *********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/14/2001

| Foreign Priority claimed ☐ yes ☐ no | STATE OR COUNTRY IL | SHEETS DRAWING 38 | TOTAL CLAIMS 103 | INDEPENDENT CLAIMS 9 |
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| 35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance | | | | |
| Verified and Acknowledged  Examiner's Signature  Initials | | | | |

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TITLE
Compressible hearing aid

| FILING FEE RECEIVED 2814 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | ☐ All Fees |
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